Health Home Quality Improvement Workgroup - 3/2/2022

Participants

Pamela Lester IME	**Heidi Weaver IME**	LeAnn Moskowitz IME
Tami Lichtenberg IME	**David Klinkenborg AGP**	**Sara Hackbart AGP**
Tori Reicherts ITC	**Bill Ocker ITC**	**Flora Schmidt IBHA**
Susan Seehase IACP	Kristi Oliver Children's Coalition	Paula Motsinger IME
Stacy Nelson Waubonsie	**Amy May Waubonsie**	Geri Derner YSS
Jen Cross Orchard Place	**Kim Keleher Plains**	**Andrea Lietz Plains**
Melissa Ahrens CSA	**Christina Smith CSA**	**Faith Houseman Hillcrest**
Ashley Deason Tanager	**Stephanie Millard First Resources**	**Kristine Karminski Abbe**
Shawna Kalous Plains	**Rich Whitaker Vera French**	**Jamie Nowlin Vera French**
Crystal Hall Tanager		

Notes

Last meeting Notes:

- No questions/concerns from group.

Draft Workgroup Report:

- Discussed the document
- At our last meeting you will have time to review and provide feedback before submitting the report to IME Leadership. Please send feedback and/or changes anytime to the Health Home email box. Pam will capture and share at the next meeting.

Workgroup Timeline:

- Will update as needed as we go.
- Added recommendations from last week.
- Changed reviewing Survey Report to next week.
- No concerns noted from the group.

Health Promotion:

- Kristine Karminski Abbe: Peer seems limited with the word program. Suggest Peer model instead.

Comprehensive Transitional Care:

- Kristine Karminski Abbe: Peer seems limited with the word program. Suggest Peer model instead.
- Consideration: Modernization of what it looks like now and articulate that in the SPA.
- Added assist to ensure that everyone is working at the top of their scope.

Individual and Family Support:

- Kristine Karminski Abbe: Requiring it be in the care plan before providing doesn't allow for adjusting based on the member's needs on the fly.

Community and Social Support Services:

- Pam challenges you to think about the difference between Community and Social Support Services and Individual and Family Support.

Health Homes Monitoring, Quality Measurement and Evaluation:

- This is the information we report to CMS and the state through Telligen analytics.
- Not much for changes with Health Information Technology (HIT)
- Analytics, Telligen finds same age and conditions and compares to HH members. Telligen does look at outliers to see if it changes the results of the measures.
- Member surveys still need to be implemented. Looking at reviving the U of I survey.
- Working to build dashboards, more discussion to come.
    - Once fully implemented, will have dashboard for MCOs. There will be an MCO level one, a program level one and a HH provider one. Working through HH provider one now. Will be looking for your feedback on this.

Authority Flow:

- If there is inconsistency, then to follow the stricter requirement. Cannot be more lenient than the Federal government. Can only be stricter.
    - Kim Keleher: Why would Iowa rules be more strict than Federal.
    - Pam: Federal law allows States to have some flexibilities
    - Sara Hackbart: An example would be in chapter 77 where it discusses HCBS settings in access to own keys. We are more detailed and strict than Federal language.

Administrative Rule 77.47:

- Chapter 77.47 Rescind and Replace to ensure had direction to IHHs not just the CCHHs.
- Current rule does not have definitions for you.
- No questions or clarification requested from the group.
- HH Service Providers: Both for CCHH and IHH. Many of the things you do are the same. If it says HH it is for both of you. If it says CCHH or IHH it is specific to that group.

- Kristine Karminski Abbe: 77.47(5)(a) Whole Person Orientation. 1-8 is almost exactly the same as the SPA. 6 and 8 has more information than the SPA. 6 agreements and letters of support are different. Should letters of support be obtained annually? We do have agreements with local hospitals and providers and update as needed. (Kim Keleher and Faith Houseman agreed)
    - (6) The health home must initially and annually provide letters of support from at least one area hospital and two area primary care practices that agree to collaborate with the health home on care coordination and hospital and emergency department notification. (SPA Language) Provide letters of support from at least one area hospital and two area primary care practices that agree to collaborate with the IHH on care coordination and hospital ER notification.
    - (8) The health home must be responsible for preventing fragmentation or duplication of services provided to members. (SPA Language) No language under whole person orientation.
- 77.47(5)(b) Coordinated Integrated Care.
    - Sara Hackbart: Comes from SPA b(1). Feels restrictive to have "nurse care manager is responsible". Maybe the HH must insure instead. Help become more team based.
    - Kim Keleher: Agree, it is restrictive
    - Jamie Nowlin - agree
    - Shawna Kalous - agree
    - Kristin Karminski - in the current SPA says NHM or CC, agree with Sara and Kim.
    - Mellissa Ahrens - agree
    - Rich Whitaker: Agree
    - Number 1 seems more restrictive than the SPA. The health home must ensure that the **nurse care manager is responsible** for assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support or lifestyle modification, and behavior changes. (SPA Language) The Nurse Care Manager or Care Coordinator is responsible for assisting members with medication adherence, appointments, and referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support or lifestyle modification, and behavior change.
- 77.47(5)(c) Enhanced Access.
    - Sara Hackbart: reads must use email, text messaging….. Only concerns is not all members have access to these. Maybe too restrictive. May want to use "encouraged" instead of must.
    - Bill Ocker: Or "May"
    - Kristine Karminski: could use "availability" Not all members would have access to these modes of communication.
    - The health home must provide enhanced access for members and member caregivers, including access to health home services 24 hours

per day, seven days per week. The health home **must** use email, text messaging, patient portals and other technology to communicate with members.

- 77.47(5)(d)(5) Emphasis on Quality and Safety. The underlined below should be Serious Mental Illness.
    - The health home must participate in or convene ad hoc or scheduled meetings with lead entities and the department to plan and discuss implementation of goals and objectives for practice transformation, with ongoing consideration of the unique practice needs for **adult members with a serious emotional disturbance** and child members with a serious emotional disturbance and those members' families.
- Sara Hackbart Amerigroup: 77.47(5)(h) Health Home Termination. Where does the 60 days come from? PCP is 90 days and Specialists is 120 days.
    - If the health home intends to stop providing health home services, the health home must provide notice of termination a minimum of 60 days prior to the date of termination by submitting Form 470-5465, Provider Request to Terminate Enrollment, to the department. The health home must notify members of termination 60 days prior to the termination date and provide for a seamless transition of enrollees to other health home providers.

Administrative Rule 78.53:

- Kristine Karminski Abbe: 78.53(1) Below should say Person for better alignment.
    - "Patient-centered care plan"
    - Sara Hackbart: agrees should say "person" not patient"
- Kristine Karminski Abbe: 78.53(4) Is this an all-inclusive list? Family or natural supports could refer the member.
    - Eligible members are identified through a referral from the department, lead entity, primary care provider, hospital, other providers, or the member.
- 78.53(5)(a) There was feedback that this increase in documentation is a burden.
    - (2) Kristine Karminski Abbe: "Identified needs and plan to access for eligibility?" What does this mean? Expectation that a lot more documentation is needed. Pam: When you get the referral you will want to note the need and how you plan to address that.
    - Faith Houseman Hillcrest: what is the expectation of the Health Home if the member doesn't qualify? This looks like it is required to continue to provide services to the member.
    - Sara Hackbart AGP, this could be assisting the member to become medically exempt.
    - (3) Documentation that the member is eligible for health home services. If a member is not eligible, the health home must document the plan to support the member.
    - Kristine Karminski Abbe: Is this the Notification form or narrative notes noting that a request has been made? Sara Hackbart AGP The notification form. Pam: You will want to note the date.

    - (6) Enrollment request
    - (9) Faith Houseman Hillcrest: Concerned about expectation all of what is needed to go into the note. Don't' think it needs to be spelled out.
    - Sara Hackbart AGP: It seems that completion of a Comprehensive Assessment infers that the member agrees to continue to participate in the program.
    - Kristine Karminski Abbe: broad enough to be verbal? Pam: Yes.
        - (9) Documentation of eligibility and member's agreement to continue participation in the program, obtained on an annual basis.
- 78.53(5)(c) Comprehensive Assessment
    - Sara Hackbart AGP: Should that refer back to Hab or CMH Waiver Code? Chapter 90 for ICM
    - Kristine Karminski Abbe: 3 & 4 fits better under PCSP
- 78.53(5)(d) Person-Centered Care Plan
    - Sara Hackbart AGP: Change Patient to person
        - Documentation must reflect monthly provision of one of the six core health home services as outlined in subrule 78.53(2), based on the member's identified needs in the member's **patient**-centered care plan or person-centered service plan.
    - Kristine Karminski Abe: Some Health Home Services might be identified once the plan is completed. Would the plan need to be updated before the service is completed?
- 78.53(6) Payment.
    - Kristine Karminski Abbe: Is the "and" supposed to be there? 78.53(5)e isn't the correct reference. Non-ICM would not be completing that documentation.
    - (2) The health home provides at least one of the six core health home services described in subrule 78.53(2) during the month, and
    - (3) The health home maintains the documentation outlined in paragraph 78.53(5)"e."

Administrative Rule 79:

- 79.3(2)"d"(40)
    - Kristine Karminski Abbe: This seems that it should reflect the 6 core services and there is extra there.
- 79.3(2)"d"(40) What is a Care Coordination and Health Promotion Plan? Should that be services?
    - Pam: Yes, it is the 6 core services, HH Promotion Plan is original code. Would it be an easier read if it was broken out by the 6 core services?
    - Sara Hackbart: Yes, it would be an easier read if broken out.

Additional Thoughts:

- Flora: What SPA is this based on? Could we have the link to that specific SPA as we will need to reference page numbers in our response. IA-20-0011.pdf (medicaid.gov)

- Richard Whitaker: Important to keep in mind through all of this - the IHH is to be more about pop health as kind of a model opposed to TCM. This will have some implications of the program in the future if we focus on Pop health opposed to TCM. Country is moving to SDOH and integration, primary care and behavior health and ways to keep members healthy. Keep our sights on that and not getting sidetracked.

Next Meeting:

- Please provide any feedback to the Health Home email box that you think we need to do a deeper dive on.
- Other States for review (You will want to review other states for our discussions)
    - Department of Social Services (sd.gov)
    - Behavioral health home services/Minnesota DHS (mn.gov)
    - WV Health Homes
- Peer/Family Peer DHS Contract Manager Karen Hyatt and the trainers will possibly join.
- Review Survey/Listening Sessions/Site Visit Report Pam will get survey results out so you can take a look at it. Had challenges with stratifying your staffing, data didn't clearly show how you do it. Maybe through brainstorming we can figure something out.
- Health Home Providers
- Deeper Dive Provider Standards
    - How does Health Home Meet?
    - Peer/Family Peer
    - Managing Habilitation and CMHW